Approved, SCAO JIS CODE: PET

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION PETITION COUNTY							CASENO.				
			PETITION			ECTIVE PROCEEDINGS)	PETITION NO.				
Co	urt address							Court	telep	hone no.	
OR MI									·		
1.	In the matter of (state the name,	col	unty of legal	esidence,	race, s	ex, and date of birth of each child	d and indicate wit	h whom the c	hild li	/es)	
а.	Name			Race	Sex	Date and place of birth		Living with: Mother		Father Other	
b.	Name			Race	Sex	Date and place of birth	nd place of birth Living wit			Father Other	
C.	c. Name			Race	Sex	Date and place of birth		Living with: Mother		Father Other	
d.	. Name			Race	Sex	Date and place of birth	Living with:			Father Other	
e.	e. Name			Race	Sex	Date and place of birth	Living with:			Father Other	
f.	Name			Race	Sex	Date and place of birth	Living with:			Father Other	
	The above named child(ren) come(s) within the provisions of MCL 712A.2. See attached sheet for allegations. Member of or eligible for membership in American Indian Tribe or Band as stated in allegations. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in										
	Father's name		DOB	LF C#	PFC#			phone	Worl	k phone	
	Father's name	R	DOB	LF C#	PFC#	Address	Home	phone	Worl	k phone	
	Father's name	R	DOB	LF C#	PFC#	Address	Home	phone	Worl	k phone	
	Father's name	R	DOB	LF C#	PFC#	Address	Home	phone	Worl	k phone	
	Mother's name	R	DOB	Address	6		Home	phone	Worl	k phone	
	Guardian's/Legal custodian's name	R	DOB	Address	3		Home	phone	Work phone		
	Nearest known relative's name	<u> </u>	DOB	Address	3		Home	phone	Worl	k phone	
	Non-parent adult respondent's name		DOB	Address	3		Home	Home phone		Work phone	
Ιc	I request the court to ☐ a. refer the matter to alternati ☐ b. authorize this petition and ☐ issue an order removing ☐ c. terminate ☐ mother's padeclare that the statements in this	tak are	e jurisdicti	nild(ren)	☐ th ☐ fa	e abuser from the home ther's parental rights.	9.				
	nt or type name					City, state, and zip			Tele	phone no.	
	A preliminary inquiry and/or hea on the child(ren) the f	ollo	wing child	(ren)				☐ is autho	orize	d.	